

# BAYFIELD COUNTY SANITARY PERMIT APPLICATION

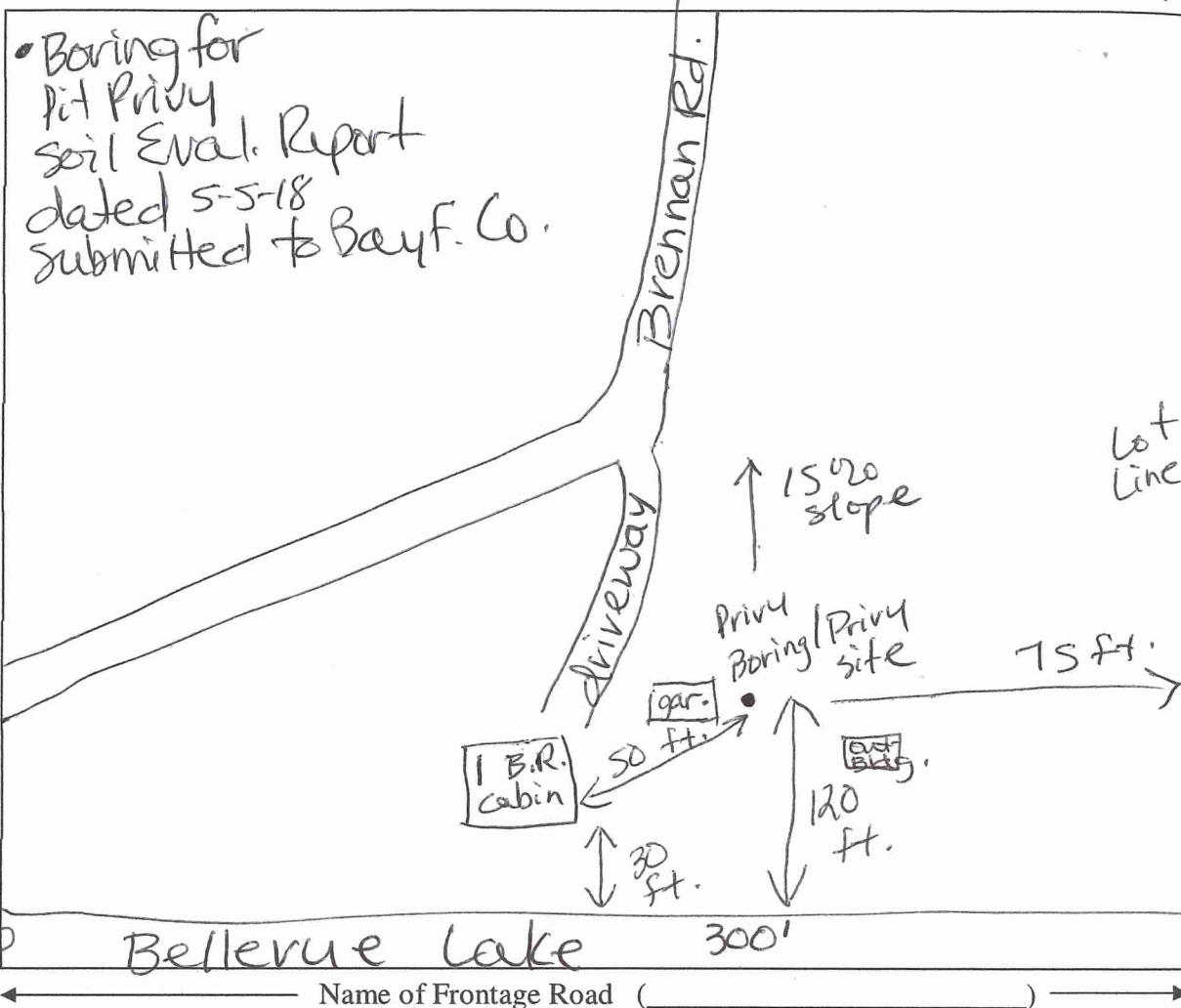
ENTERED

<b>I. APPLICATION INFORMATION</b> (Please Print All Information)				Soil Test No: <b>23-18</b>		County Permit No: <b>18-0168</b>	
Property Owner's Name <b>Beverley J. Anich (Revocable Trust)</b>				County: <b>Bayfield</b>			
Address of Property <b>14655 Brennan Rd., Delta, WI</b>				Property Location: $\frac{1}{4}$ $\frac{1}{4}$ , S <b>29</b> T <b>46</b> N, R <b>7</b> <del>E</del> <b>W</b>			
Property Owner's Mailing Address <b>1323 Vaughn Ave.</b>				Township		Gov. Lot #:	
City, State <b>Ashland, WI</b>	Zip Code <b>54806</b>	Phone Number <b>715-682-6700</b>	Lot # <b>700</b>	Block #:		Subdivision Name or CSM #:	
<b>II. TYPE OF BUILDING: (Check One)</b>				Parcel ID Tax Number(s): <b>04-016246072930100010000</b> <b>04-016246072940200070000</b>			
<input type="checkbox"/> State Owned <input type="checkbox"/> Public (Explain the use/purpose _____) <input checked="" type="checkbox"/> 1 or 2 Family Dwelling - No. of Bedrooms <b>1</b>							
<b>III. TYPE OF PERMIT: (Check only one box on line A. Check box on line B, if applicable)</b>							
A) <input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> County Private Interceptor  1. <input type="checkbox"/> Reconnection      2. <input type="checkbox"/> Repair      3. <input type="checkbox"/> Revision      ** <input type="checkbox"/> Transfer of Owner (List Previous Owner below) _____							
B) <input type="checkbox"/> A Sanitary Permit was previously issued. Previous Permit Number: _____ Date Issued: _____							
<b>IV. TYPE OF NON-PLUMBING SYSTEM: (Check One) * Replacements need previous permit number and date filled out above</b>							
C) <input checked="" type="checkbox"/> Pit Privy <input type="checkbox"/> Vault Privy (Vault size: _____ gallons or _____ cubic yards)  <input type="checkbox"/> Portable Privy (Temporary Use Only) <input type="checkbox"/> Composting Toilets <input type="checkbox"/> Incinerating Toilet							
<b>V. ABSORPTION SYSTEM INFORMATION:</b>							
1. Gallons Per Day	2. Absorp. Area Required (Sq.Ft.)	3. Absorp. Area Proposed (Sq. Ft.)	4. Loading Rate (Gals. / Day / Sq.Ft.)	5. Perc. Rate (Min. Inch)	6. System Elev.(Feet)	7. Final Grade Elev. (Feet)	
<b>VI. TANK INFORMATION:</b>		Capacity In Gallons	Total Gallons	# of Tanks	Manufacturer's Name	Prefab. Concrete	Site Constructed
		New Tanks	Existing Tanks				
Septic Tank or Holding Tank							
Lift Pump Tank / Siphon Chamber							
<b>VII. RESPONSIBILITY STATEMENT:</b>							
I the undersigned, assume responsibility for installation of the onsite sewage system shown on the attached plans.							
Plumber's / <b>Owner's</b> Name: (Print) <b>Beverley J. Anich</b>				Plumber's / <b>Owner's</b> Signature: (No Stamps)		MP/MPRSW No:	
Plumber's Address: (Street, City State, Zip Code) <b>1323 Vaughn Ave. Ashland, WI 54806</b>				Home Phone: <b>715-682-6700</b>		Business Phone:	
<b>VIII. COUNTY / DEPARTMENT USE ONLY</b>							
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> Owner Given Initial Adverse Determination		Sanitary Permit/Transfer Fee: <b>\$150 5-23-18</b>		Date Issued: <b>6-5-18</b> <b>6/8/18</b>		Issuing Agent's Signature / Date: <b>APR 1423713</b>	
<b>IX. CONDITIONS OF APPROVAL / REASONS FOR DISAPPROVAL:</b>							

Plot Plan on reverse side

N

Lot Line



- ✓ 1. Name the frontage road and use as a guideline, fill in the lot dimensions and indicate North (N).
- ✓ 2. Show the approximate location and size of the building.
3. Show the location of the well, septic tank and drain field. NA
- ✓ 4. Show the location of any lake, river, stream or pond if applicable.
- ✓ 5. Show the approximate location of other existing structures.
- ✓ 6. Show the approximate location of any wetlands or slopes over 20 percent.
7. Show dimensions in feet on the following:

**IMPORTANT  
DETAILED PLOT PLAN  
IS NECESSARY, FOLLOW  
STEPS 1-7 COMPLETELY**

- |   |   |
|---|---|
| ✓ a. Building to all lot lines                          | ✓ i. Privy to building                        |
| b. Building to centerline of road                       | ✓ j. Privy to lake, river, stream or pond     |
| ✓ c. Building to lake, river, stream or pond            | k. Drain field to closest lot line            |
| d. Septic / holding tank to closest lot line            | l. Drain field to building                    |
| e. Septic/holding tank to building                      | m. Drain field to well                        |
| f. Septic / holding tank to well                        | n. Drain field to lake, river, stream or pond |
| g. Septic / holding tank to lake, river, stream or pond | o. Well to building                           |
| ✓ h. Privy to closest lot line                          |   |

h, City, Village, State or Federal  
Permits May Also Be Required

LAND USE – **X**  
SANITARY – **X**  
SIGN –  
SPECIAL –  
CONDITIONAL –  
BOA –

# BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT  
ON THE PREMISES DURING CONSTRUCTION

No. **18-0168** Issued To: **Beverly Anich**

Par in  
Location: **NW**  $\frac{1}{4}$  of **SE**  $\frac{1}{4}$  Section **29** Township **46** N. Range **7** W. Town of **Delta**

Gov't Lot                      Lot                      Block                      Subdivision                      CSM#

For: **Residential Other: [ Pit Privy]**

**(Disclaimer):** Any future expansions or development would require additional permitting.

**Condition(s):**

**NOTE:** This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval.  
This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.  
This permit may be void or revoked if any performance conditions are not

completed or if any prohibitory conditions are violated.

**Tracy Pooler**

Authorized Issuing Official

**June 5, 2018**

Date